

FOLD AT DOTTED LINE
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Deputy Attorney General
 Mr. Francis Filipi,
 15th Floor, Strawberry Square
 Harrisburg, PA. 17120

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature **MAY 21 2001**
☒ Agent
☒ Addressee
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0023 0160 0415

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**FILED
HARRISBURG**

JUL 12 2001

MARY E. D'ANDREA
 Per g/r
 DEPUTY CLERK

1-cv-0
 83
 Show Ce
 Order